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Our first care is your health care
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

January 23, 2012

The Honorable Jan Brewer
Office of the Governor
1700 W. Washington
Phoenix, AZ 85007

Dear Governor Brewer:

In accordance with the requirements of A.R.S. 36-2923, please find the enclosed report on insurance carrier compliance with data-matching and claims payment requirements. I would be happy to answer any questions or provide additional information on this topic. Please feel free to contact me at (602) 417-4711.

Respectfully,

A handwritten signature in black ink, appearing to be 'T. Betlach', written in a cursive style. The signature is enclosed within a large, hand-drawn oval.

Thomas J. Betlach
Director

cc: The Honorable Steve Pierce, Arizona State Senate
The Honorable Andy Tobin, Arizona House of Representatives
The Honorable Ken Bennett, Arizona Secretary of State

Arizona Health Care Cost Containment System

Report to the Arizona Legislature

Regarding Insurance Carrier Compliance with A.R.S. § 36-2923:

Data Matching and Claims Payment for Third Party Liability

January 2012

Director, Tom Betlach

INTRODUCTION

The Arizona Health Care Cost Containment System (AHCCCS) is pleased to submit the following report pursuant to A.R.S. § 36-2923.B. A.R.S. § 36-2923 requires any party that by statute, contract or agreement is responsible for paying for items or services provided to an Arizona Medicaid-eligible person to comply with the claims data match and billing requirements outlined therein. This report provides: 1) a summary of SFY 2011 Total AHCCCS Claims Cost Avoided; 2) a review of carrier compliance in terms of Data Matching; and 3) a review of carrier compliance in terms of Claims Processing.

I. SFY 2011 AHCCCS CLAIMS PRE-PAYMENT COST AVOIDED

During SFY 2011, AHCCCS and its health care contractors cost avoided with other commercial insurance carriers and/or with Medicare provider medical claims for members of over \$1.23 billion. AHCCCS bases its capitation rates, or “pre-payment for services” in large part on medical utilization. By cost-avoiding medical claims, AHCCCS is able to lower the amount of capitation that is required to administer the Medicaid program in Arizona, providing a direct benefit to the taxpayer. The \$1.23 billion in cost-avoidance, is comprised of:

- \$113.0 million of provider claims that were partially the responsibility of a commercial carrier and Medicaid;
- \$815.1 million of provider claims that were partially the responsibility of the Medicare Program; and,
- \$307.2¹ million of provider claims with no financial obligation to the health care contractors as the entire claim was the responsibility of Medicare or a commercial carrier.

¹ The \$307.2 million of provider claims for SFY 2011 represents unaudited data reported by the AHCCCS Contractors.

II. DATA MATCHING

A.R.S. § 36-2923 Requirement

A. A health care insurer shall:

1. Provide all enrollment information necessary to determine the time period in which a person who is defined as an eligible person pursuant to A.R.S. § 36-2901, paragraph 6, subdivision (a) or that person's spouse or dependents may be or may have been covered by the health care insurer and the nature of that coverage...

Overview of the Data Matching Process

Insurance Carrier Compliance with A.R.S. § 36-2923

AHCCCS maintains a database of insurance coverage information with changes disseminated daily to its health care contractors. Health Management Systems, Inc. (HMS), through a competitively bid contract, is responsible for the verification and identification of health insurers that may be liable for paying all or part of the expenditures for medical assistance provided to AHCCCS eligible persons.

Daily HMS verifies new or updated health insurance information provided by AHCCCS, its health care contractors, and the member eligibility determination entities by matching demographic information against its national database of insurance information submitted by carriers who have entered into data sharing agreements with HMS. Additionally, HMS matches the entire AHCCCS population against the same database monthly to identify health insurance coverage that otherwise is unknown to AHCCCS. The HMS database is comprised of eligibility information from over 1,000 plans nationally and over 750 million unique insurance segments. HMS provides AHCCCS daily updates to the insurance coverage database. AHCCCS then provides this data on a daily bases to the health care contractors. The contractors use this data as part of the claims payment process. Before a provider is paid, the claims system will check against the coverage database. If a member has other commercial insurance or Medicare, the system will deny the claim unless an appropriate Explanation of Benefits (EOB) form is included. Since Medicaid is the payer of last resort that payment will reflect only those items not covered by the other policy. By identifying other responsible parties and cost avoiding those claims that are their responsibility, AHCCCS only pays claims, or portions of claims, where the state is truly the payer of last resort.

Health insurers meet the claims data match compliance requirement of A.R.S. § 36-2923 by entering into data matching agreements with HMS and either submitting eligibility data to HMS or executing the data match themselves. Health insurers who do not execute a data matching agreement with HMS are considered to be non-compliant with A.R.S. § 36-2923. When an eligibility source identifies a member with coverage through a carrier with which HMS does not have a Data Use/Data Sharing Agreement (DUA), HMS contacts the carrier to verify the coverage and then begins working with the carrier to enter into a DUA to share confidential and protected information.

Overview of the Arizona Health Insurer Identification Process

Working collaboratively with AHCCCS, HMS maintains a comprehensive list of carriers compiled from multiple sources:

- The AHCCCS Master Carrier List: health insurers who have been identified by AHCCCS as currently or previously carrying policies on AHCCCS members;
- Department of Insurance Licensed Carriers: A comprehensive list of licensed insurance carriers doing business in the State of Arizona and regulated by the Department of Insurance; and,
- Health insurers that are known to HMS to provide health insurance coverage.

Insurance Carrier Compliance with A.R.S. § 36-2923

HMS cross references identified carriers against those currently covered by an existing DUA. If the health insurer is covered by an existing DUA and is currently data matching with AHCCCS then the Carrier is deemed compliant. If the carrier does not have an active DUA in place, HMS contacts the carrier via mail to the corporate address, notifying it of the statutory requirement to share eligibility data with the AHCCCS program. Carriers are given a reasonable amount of time to respond and either provide a reason why A.R.S. § 36-2923 is not applicable to them or to establish a DUA and begin data sharing. HMS assigns insurance carriers that are not covered by an existing DUA to one of two tiers:

- Tier I Carriers – insurance companies that have a verified insurance policy for one or more AHCCCS members within the past 36 months; and,
- Tier II Carriers – all other insurance carriers. These carriers may be registered with the Arizona Department of Insurance or identified from all other sources, but are not included in the Tier I list.

Health Insurer Compliance with the Data Sharing Requirement of A.R.S. § 36-2923

HMS has continued to focus its efforts on implementing A.R.S. § 36-2923 by identifying insurance carriers who should be sharing their membership information with AHCCCS, and sending letters and making telephone calls to the carriers that do not have an existing DUA to bring them into compliance with the claims data matching requirement.

As discussed later in this report, if for some reason AHCCCS and the health care contractors were not able to cost avoid with the commercial coverage pre-payment, health insurers are required to honor claims that are submitted by this state within a three-year period beginning on the date on which the item or service was furnished. The following table reflects verified insurance policies that were in effect on September 30, 2011, or were terminated within the past three years that can be utilized for cost avoidance or post payment recovery. This table demonstrates that 87.6% of Tier I Carriers, whose policies cover 99.7% of Tier I policies that were active within the last 3 years have entered into a DUA or are in the process of executing one (see Appendix A). HMS continues to follow-up with non-compliant Tier I Carriers, who represent 12.4% of Tier I Carriers, and whose policies cover 0.3% of the policies that were active within the last 3 years (see Appendix B).

	Carriers		Active Policies Within 3 Years	
	Number	%	Number	%
Compliant -				
DUA in Place	279	86.6%	215,757	99.6%
Cooperating with DUA	3	0.9%	123	0.1%
Total Compliant	282	87.6%	215,880	99.7%
Noncompliant:				
Declined a DUA	27	8.4%	562	0.2%

Insurance Carrier Compliance with A.R.S. § 36-2923

Unresponsive	<u>13</u>	<u>4.0%</u>	<u>194</u>	<u>0.1%</u>
Total Noncompliant	<u>40</u>	<u>12.4%</u>	<u>756</u>	<u>0.3%</u>
Totals	<u>322</u>	<u>100.0%</u>	<u>216,636</u>	<u>100.0</u>

AHCCCS has no authority to enforce compliance with this statute; however, during SFY 2012, HMS will continue to follow up with the noncompliant carriers in an effort to bring them in line with the data sharing requirements of A.R.S. § 36-2923.

III. CLAIMS PROCESSING

A.R.S. § 36-2923 Requirement

A. *A health care insurer shall: (continued)*

2. *Accept the state's right of recovery from a third party payor pursuant to section 36-2903 and the assignment to this state of any right of an individual or other entity to payment from the third party payor for an item or service for which payment has been made pursuant to this chapter...*

3. *Respond to any inquiry made by the director regarding a claim for payment for any health care item or service that is submitted not later than three years after the date of the provision of the health care item or service. This paragraph applies to a claim in which the administration determines there is a reasonable belief that the individual was insured by the health care insurer on the date of service referenced by the claim.*

4. *Not deny a claim submitted by this state solely on the basis of the date of the submission of the claim, the type or format of the claim form or the failure to present proper documentation at the point of sale that is the basis of the claim if the following conditions have been met:*

(a) *The claim is submitted by this state in the three-year period beginning on the date on which the item or service was furnished.*

(b) *An action by this state to enforce its rights with respect to the claim is commenced within six years after the state submitted the claim. The health care insurer may deny the claim submitted by the state if the health care insurer has already paid the claim in accordance with the benefit plan under which the member was covered by the health care insurer on the date of service.*

Overview of Post Payment Claims Processing

While the main focus is to ensure the data is available to coordinate the benefit at the front end pre-payment, there are limited exceptions where the program pursues post payment recoveries. The post payment recovery process matches paid fee-for-service claims against

Insurance Carrier Compliance with A.R.S. § 36-2923

the verified insurance policies with termination dates within the past 3 years. When insurance coverage is identified for a member that spans the time period the item or medical service was provided, HMS generates a bill for those items or services to the commercial carrier. The post payment recovery process insures that AHCCCS recovers its payments from a responsible party that was unknown at the time the claim was adjudicated. The post payment process is conducted monthly and resulted in over \$1.9 million in recoveries during SFY 2011.

Methodology Utilized to Determine if the Health Insurer is Compliant

A carrier is considered to be compliant with A.R.S. § 36-2923 when the carrier adequately responds to a claim for payment as outlined by the statute. Any carrier not responding to a claim for payment or not adhering to the time periods allowed, from date of service, are considered non-compliant.

Based on retroactive billing efforts conducted by HMS during SFY 2011, TRICARE is the only insurance company identified as non-compliant with the State's claims payment requirements. TRICARE is the health care program serving active duty service members, National Guard and Reserve members, retirees, their families, survivors and certain former spouses worldwide. Federal TRICARE statutes have primacy over A.R.S. § 36-2923 and TRICARE is not required to honor claims that are filed after one year from the date of service.

Insurance Carrier Compliance with § A.R.S. 36-2923

APPENDIX A
Tier I Compliant Carriers

<u>Carrier</u>	<u>Policies</u>
Carriers With Data Use Agreement in Place:	
AARP	294
ABRAZO ADVANT HEALTH PLAN	2
ACCORDIA BENEFIT SVCS	4
ACORDIA NATIONAL	155
ACS/HN	1,228
ADMAR MED NETWORK	1
ADMIN ENTERPRISES, INC	1,744
AETNA HEALTHCARE	31,845
ALLIANCE BC/BS	3
ALTIUS HEALTH PLANS	2
AM POST WKRS HEALTH PLAN	45
AMERI HEALTH	3
AMERIBEN SOLUTIONS	643
AMERICAN COMMUNITY MUTUAL	468
AMERICAN HEALTH CARE PLAN	1
AMERICAN HERITAGE LIFE	51
AMERICAN MEDICAL SECURITY	64
AMERICAN NATIONAL LIFE	21
AMERICAN PIONEER LIFE	1
AMERICAN POSTAL WORKERS	2

**Insurance Carrier Compliance with § A.R.S. 36-2923
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<u>Carrier</u>	<u>Policies</u>
AMERICAN REPUBLIC INS	131
AMERITAS	32
ANTHEM BC/BS	130
ANTHEM PRESCRIPTION	691
ARGUS HEALTH SYSTEMS	4,783
ARIZONA FOUNDATION	67
ARIZONA PHYSICIANS HEALTH	18
ARIZONA PIPE TRADES	57
ASBAIT	125
ASSURANT HEALTH	222
ATLAS ADMINISTRATORS INC	1
AUXIANT	1
AV MED	3
AZ BEN OPT-HARRINGTON	87
BANKERS LIFE & CAS	40
BANNER HEALTH	196
BASHAS BENEFIT TRUST	463
BC OF CALIFORNIA	2,970
BC OF IDAHO	32
BC OF WESTERN PA	6
BC/BS EMPIRE	642
BC/BS MISSISSIPPI	6
BC/BS NJ	207

**Insurance Carrier Compliance with § A.R.S. 36-2923
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<u>Carrier</u>	<u>Policies</u>
BC/BS OF ALABAMA	119
BC/BS OF ALASKA	14
BC/BS OF ANTHEM	7
BC/BS OF ARIZONA	20,134
BC/BS OF ARKANSAS	908
BC/BS OF COLORADO	305
BC/BS OF CONNECTICUT	2
BC/BS OF DELEWARE	13
BC/BS OF FLORIDA	51
BC/BS OF GEORGIA	799
BC/BS OF HAWAII	4
BC/BS OF INDIANA	34
BC/BS OF IOWA	95
BC/BS OF KANSAS	127
BC/BS OF KENTUCKY	78
BC/BS OF LOUISIANA	12
BC/BS OF MAINE	3
BC/BS OF MARYLAND	12
BC/BS OF MASSACHUSETTS	329
BC/BS OF MISSOURI	52
BC/BS OF NEVADA	1
BC/BS OF NEW MEXICO	125
BC/BS OF OHIO	157

**Insurance Carrier Compliance with § A.R.S. 36-2923
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<u>Carrier</u>	<u>Policies</u>
BC/BS OF OKLAHOMA	34
BC/BS OF OREGON	17
BC/BS OF PENNSYLVANIA	83
BC/BS OF RHODE ISLAND	16
BC/BS OF ROCHESTER NY	2
BC/BS OF SOUTH DAKOTA	14
BC/BS OF TENNESSEE	200
BC/BS OF TEXAS	971
BC/BS OF UTAH	30
BC/BS OF VIRGINIA	193
BC/BS OF WESTERN NY	18
BC/BS OF WISCONSIN	17
BC/BS OF WYOMING	1
BCBS EXCELLUS CO	25
BCBS ILLINOIS	1,344
BCBS OF FLORIDA	1
BENEFIT CLAIMS PAYORS	1
BENESIGHT	23
BOILERMAKERS NAT'L H&W	175
BOON CHAPMAN/DKG	1
CA IRONWORKERS INS	10
CAPITOL ADMINSTRATORS	37
CAREMARK	51

**Insurance Carrier Compliance with § A.R.S. 36-2923
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<u>Carrier</u>	<u>Policies</u>
CARPENTERS HLTH & WLF	15
CATHOLIC HEALTHCARE WEST	2
CBCA	21
CENTRA BENEFIT SERVICES	6
CENTRAL BENEFITS	2
CHICKERING CLAIMS GROUP	2
CHOICE PLUS	507
CIGNA	23,498
CITY HEALTH PLAN	1
CITY OF MESA EMPLOYEE BN	32
CMPD	1
COMBINED INS. OF AMERICA	1
COMPREHENSIVE CARE SVCS	30
CONSECO HEALTH INS CO	4
COOP BENEFIT ADMIN	49
CORESOURCE	1
CORP. BENEFIT SERVICES OF	6
COVENTRY	29
DAKOTA CARE	2
DARDEN RESTAURANT	1
DEFINITY HEALTH	24
DELTA DENTAL	95
DELTA DENTAL OF CA	4

**Insurance Carrier Compliance with § A.R.S. 36-2923
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<u>Carrier</u>	<u>Policies</u>
DESERET MUTUAL	13
DESERT CANYON COMM CARE	6
DIVERSIFIED INS	4
ECKERD HEALTH SERVICES	1
EMPIRE BC/BS	40
EMPLOYEE BENEFITS CORP	210
EMS-SMITH ADMN	6
EQUITABLE INSURANCE	11
EVERCARE	2
EXPRESS SCRIPTS	9,808
FIRST ADMINISTRATORS	7
FIRST HEALTH	61
FISERV. HEALTH	84
FORTIS BENEFITS	1,539
GEHA	468
GILSBAR INS	683
GMS	6
GOLDEN RULE INS CO	1,182
GREAT-WEST HEALTHCARE	265
GROUP HEALTH INC.	33
GROUP PENSION ADMIN.	5
GUARANTEE NATIONAL INS	1
GUARDIAN	40

**Insurance Carrier Compliance with § A.R.S. 36-2923
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<u>Carrier</u>	<u>Policies</u>
HARRINGTON BENEFITS	387
HARVARD PILGRIM	1
HEALTH ADVANTAGE PLAN	1
HEALTH ASSURANCE	122
HEALTH NET OF CALIFORNIA	3
HEALTH NET OPTIONS	1
HEALTH PARTNERS	29
HEALTH PLAN OF NEVADA	79
HEALTH SELECT	12
HEALTH SMART PREFER CARE	6
HEALTHCARE GROUP OF AZ	30
HEALTHCARE MNGMT ADMIN	1
HEALTHNET	5,626
HIGHMARK BC/BS	18
HIP OF NEW YORK	1
HMA INC	70
HORIZON BC/BS OF NJ	30
HUMANA DENTAL	3,244
HUMANA HEALTH INS	4,460
IAC/ARIZONA FOUNDATION	2
IBEW	12
IEC BENEFIT ADMIN/CCN	38
IMX EZ	2

**Insurance Carrier Compliance with § A.R.S. 36-2923
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<u>Carrier</u>	<u>Policies</u>
INSURERS ADMINISTRATION	207
INTERMOUNTAIN ADMIN	2
IRON WORKERS	2
ITPE-MEBA/NMU	1
J F MOLLOY & ASSOCIATES	1
JC LINCOLN EMPLOYEE HP	2
KEY BENEFIT ADMINISTRA	7
KITSAP PHYSICIANS SVC	1
LIFEWISE	111
LINCOLN HERITAGE	6
LINECO	4
LOOMIS COMPANY	23
LOVELACE HEALTH PLAN	2
MAIL HANDLERS BENE PLAN	66
MANDALAY RESORT GROUP	5
MASS MUTUAL LIFE INS	92
MAYO HEALTH PLAN ARIZONA	39
MEDI SUN	2
MEDICAL MUTUAL OF OHIO	29
MEGA LIFE AND HEALTH	30
MERITAIN HEALTH	10
MET LIFE DENTAL	62
METROPOLITAN LIFE INS CO	4

**Insurance Carrier Compliance with § A.R.S. 36-2923
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<u>Carrier</u>	<u>Policies</u>
MIDWEST NTL LIFE INS TEN	4
MMSI	7
MOTION PICTURE INS HLTH	4
MUTUAL OF OMAHA	122
MVP HEALTH CARE	4
NATIONAL ASBESTOS WORK	7
NATIONAL AUTO SPRINKLER	13
NATIONWIDE INSURANCE COMP	3
NATL ASSOC LETTER CARRIER	91
NEW ERA INS CO	1
NGS AMERICAN INC	15
NIPPON LIFE INSURANCE	3
NMHC	13
NORTHWEST ADMIN INC	3
NPS	1
ONE HEALTH PLAN	846
OXFORD HEALTH PLANS INC	41
P5 HEALTH SERVICES	83
PACIFIC SOURCE	4
PACIFICARE HEALTH SYSTEMS	2,344
PCS LIFE INS CO.	39
PEKIN LIFE INS CO	1
PHARMA CARE INS	31

**Insurance Carrier Compliance with § A.R.S. 36-2923
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<u>Carrier</u>	<u>Policies</u>
PHYSICIANS MUTUAL INS CO	40
PINNACLE WEST CAPITAL	2
PIPE FITTERS WELFARE FUND	4
PREFERRED ONE	5
PREMERA BLUE CROSS	26
PRESBYTERIAN HEALTH PLAN	12
PRESCRIPTION SOLUTIONS	207
PRIME THERAPEUTICS	1,637
PRINCIPAL FINANCIAL GROUP	12
PRINCIPAL MUTUAL LIFE	173
PROFESSIONAL CLMS MGMT	1
PROVIDENCE HEALTH	1
PROVIDENT AMERICAN INS	1
PSERS HEALTH ADMIN UNIT	1
RAN+AMN EPO PLAN	50
REGENCE BLUE SHIELD	32
RESERVE NATIONAL	3
ROYAL NEIGHBORS OF AMERIC	7
RX PRIME	4
RX SOLUTIONS	28
SAMBA INS	3
SCHALLER ANDERSON	26
SCOTTSDALE HEALTHCARE	5

**Insurance Carrier Compliance with § A.R.S. 36-2923
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<u>Carrier</u>	<u>Policies</u>
SECURE HORIZONS	59
SECURECARE DENTAL	2
SHALLER ANDERSON NETWORK	3
SHASTA	3
SHEET METAL WORKERS	1
SIERRA HEALTH SERVICE	356
SOUTHWIRE & AFFILIATES	1
SRT	113
ST. MARYS HEALTH PLAN	2
STARBRIDGE	31
STARMARK	214
STATE FARM INS CO	3
STERLING LIFE INS CO.	17
STRATEGIC RESOURCE CORP	4
SUMMACARE	472
SUMMIT	91
TALL TREE TPA	8
THE MAIL HANDLER BEN PLAN	6
THRIVENT FIN FOR LUTHE	7
TRANSCHOICE	1
TRANSWESTERN INS ADMIN	62
TRICARE	9,086
TRIDENT	69

**Insurance Carrier Compliance with § A.R.S. 36-2923
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<u>Carrier</u>	<u>Policies</u>
TRIGON BC/BS	1
TRUSTED PLANS SERVICE COR	3
TRUSTMARK	73
TUFTS HEALTH PLAN	8
UFCW	119
UMR	1
UNICARE LIFE & HEALTH	72
UNITED AGRICULTURAL EMP	30
UNITED AMERICAN INS CO	102
UNITED BENEFITS	2
UNITED COM TRVL OF AMER	13
UNITED CONCORDIA	47
UNITED HEALTHCARE	43,080
UNITED HEALTHCARE/ MEDCO	18,175
UNITED MEDICAL RESOURCES	685
UNITED SECURITY LIFE	5
UNITED TEACHER ASSOC	5
UNIVERSITY PHYSICIAN'S	1
VA HEALTH ADMIN CENTER	9
WALGREENS HLTH INT/RX PGM	5,788
WALMART GROUP HEALTH	4
WAUSUA INS COMPANY	648
WELLMARK	9

**Insurance Carrier Compliance with § A.R.S. 36-2923
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<u>Carrier</u>	<u>Policies</u>
WELLPOINT	1,558
WESTERN GROWERS INS	782
WESTERN MUTUAL INS.	1
WYETH BC/BS NEW JERSEY	30
YUMA AREA BEN CONSORTIUM	28
ZENITH ADMINISTRATORS, IN	84
Number of Policies for Carriers With Data Use Agreement in Place	<u>215,757</u>
 Carriers Cooperating in Establishing a Data Use Agreement:	
BC & BS OF SOUTH CAROLINA	24
HEALTH COMP	11
UNITED ADMINISTRATIVE	88
Number of Policies for Carriers Cooperating in Establishing a Data Use Agreement	<u>123</u>
Number of Policies for All Compliant Carriers	<u>215,880</u>

Insurance Carrier Compliance with § A.R.S. 36-2923

APPENDIX B

Tier I Noncompliant Carriers

(Note, none of these carriers operate under the regulatory authority of the Arizona Department of Insurance.)

Carrier	Policies
Carriers That Declined to Enter Into a Data Use Agreement:	
AMERICAN BENEFIT PLAN	6
BC/BS INDEPENDENCE	5
BC/BS OF DC	1
BC/BS OF MICHIGAN	52
BC/BS OF MINNESOTA	94
BC/BS OF NEBRASKA	32
BC/BS OF NORTH CAROLINA	75
BC/BS OF VERMONT	3
BC/BS OF WEST VIRGINIA	1
BCBS OF CAPITAL PA	2
BEECH ST (NETWORK)	20
BLUE SHIELD/NORTH DAKOTA	16
CAPITAL BLUE CROSS	10
CAREFIRST BC/BS	27
CATALYST	9
COBRA	2
FMH BENEFIT SERVICES	4
GHI	3
KAISER PERMANENTE	16
MOUNTAIN STATES ADMIN	146
NATIONAL ELEVATOR INS	3
PUBLIC EMPLOYEE HEALTH	3
SAN DIEGO COUNTY EMP	1
SOUTHWEST CARPENTERS HLTH	3
TOWER LIFE INSURANCE CO	3
VALUE CARE	2
WEBTPA PROVIDER SERVICES	23
Number of Policies for Carriers That Declined to Enter Into a Data Use Agreement	562

**Insurance Carrier Compliance with § A.R.S. 36-2923
APPENDIX B**

Carrier	Policies
Unresponsive Carriers:	
ABS	18
ALLIED BENEFIT SYSTEMS	7
BC/BS OF MONTANA	5
BENEFIT ADMINISTRATORS	2
COMPU SYS ERISA	4
NAVAJO NATION EMPL BEN	1
OPERATING ENGINEERS	10
PHYSICIANS CARE OF CA	1
PRIME CARE PLUS	2
SOUTHWEST ADMINISTRATORS	86
SOUTHWEST SERVICE ADMN	52
WESTERN TEAMSTERS	2
WHITE MOUNTAIN APACHE TRIBE	4
Number of Policies for Unresponsive Carriers	194
Number of Policies for All Noncompliant Carriers	756